

<i>SERFF Tracking Number:</i>	<i>AMFA-128441880</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>GLWBRVA</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>GLWB Rider for Variable Annuities</i>		
<i>Project Name/Number:</i>	<i>GLWB Rider for Variable Annuities/GLWB Rider for Variable Annuities</i>		

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: GLWB Rider for Variable Annuities

TOI: A03I Individual Annuities - Deferred Variable

Sub-TOI: A03I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: AMFA-128441880 State: Arkansas

SERFF Status: Closed-Approved-Closed

Co Tr Num: GLWBRVA

Authors: Cindy Meyer, Teri Tran, Joanne Friend

Date Submitted: 06/12/2012

State Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/18/2012

Disposition Status: Approved-Closed

Implementation Date Requested: 08/01/2012

State Filing Description:

Implementation Date:

General Information

Project Name: GLWB Rider for Variable Annuities

Project Number: GLWB Rider for Variable Annuities

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/18/2012

State Status Changed: 06/18/2012

Created By: Teri Tran

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Teri Tran

Filing Description:

RE: Ameritas Life Insurance Corp

NAIC No.: 0943-61301

FEIN No.: 47-0098400

Forms:

GLWBRVA 3-12 Guaranteed Lifetime Withdrawal Benefit Rider

GLWBRVA-AP 3-12 Policy Insert Page – Rider Policy Schedule for Accumulation Phase

GLWBRVA-WP 3-12 Policy Insert Page – Rider Policy Schedule for Withdrawal Phase

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GLWBRVA-GM Policy Insert Page – Rider Policy Schedule for GLWB Models
UVA 5-12 Application for Flexible Premium Deferred Variable Annuity
NLVA 5-12 Application for Flexible Premium Deferred No Load Variable Annuity

Enclosed for your review and approval are the above referenced forms. These forms replace previously approved forms as described below. The implementation date for these forms will be either August 1, 2012, or upon SEC effective date for the prospectus AND state approval, whichever is later. There is an unrestricted market for which this rider is intended. There are no limitations on the use of the form by certain agents.

GLWBRVA 3-12

This is a Guaranteed Lifetime Withdrawal Benefit Rider which will replace GLWB 4901 previously approved on 08/31/2007, under tracking number 36756. It is used with policy 4888 AR and policy 6150 AR, both flexible premium deferred variable annuities, previously approved by your Department. It will be offered to new business only at time of policy issue.

This rider provides a benefit that guarantees a series of annualized withdrawals from the policy, regardless of the policy value, until the death of the last surviving covered person.

The rider is divided into separate benefit phases: Accumulation Phase, Withdrawal Phase, and Guaranteed Phase.

- Accumulation Phase is the period of time between the policy date and the first date of the Withdrawal Phase.
- Withdrawal Phase is the period of time beginning with the occurrence of the first lifetime withdrawal as outlined in the Withdrawal Phase section of the rider.
- Guaranteed Phase is the period of time during which lifetime withdrawal benefit amount payments continue to be made, although the policy value has been reduced to zero.

The rider can be issued in the Accumulation Phase for issue and attained ages 50 – 85. The benefits of and charges for the rider, as well as any restrictions on investment options begin with the start of the Accumulation Phase. The rider will remain in Accumulation Phase for at least 30 days.

The Withdrawal Phase of the rider can begin for issue and attained ages 50 – 85 no sooner than 30 days after the issue date, but no later than 60 days after the request to initiate the Withdrawal Phase.

The Guaranteed Phase will occur when the policy is in the Withdrawal Phase and the policy value reaches \$0.00. The lifetime withdrawal benefit amount will continue to be paid to the owner during this phase.

GLWBRVA-AP 3-12

This policy schedule page will be used with policies 4888 AR and 6150 AR when the GLWB rider is selected. It is

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inserted into the policy at issue for the Accumulation Phase.

GLWBRVA-WP 3-12

This policy schedule page will be used with policies 4888 AR and 6150 AR when the covered person chooses to move from the Accumulation Phase to the Withdrawal Phase, but no sooner than 30 days after policy issue.

GLWBRVA-GM

This policy schedule page will be used with policies 4888 AR and 6150 AR. It is inserted into the policy at issue when the GLWB rider is selected.

UVA 5-12

This application replaces UVA 1-12, approved on 04/11/2012, under tracking number AMFA-128154936. It is used with policy form 4888 AR.

The application has been revised for the new Guaranteed Lifetime Withdrawal Benefit Rider.

NLVA 5-12

This application replaces NLVA 1-12, approved on 04/11/2012, under tracking number AMFA-128154936. It is used with policy form 6150 AR.

The application has been revised for the new Guaranteed Lifetime Withdrawal Benefit Rider. The Suitability section has also been updated based on federal "Know Your Customer" rules.

These forms are subject to federal jurisdiction, and are, therefore, exempt from readability requirements.

No part of this filing contains any unusual or possible controversial items from normal company or industry standards.

Due to the possibility that different printers will have varying font and layout requirements, we reserve the right to adjust the format of pages to conform to these requirements. Changes would include possible page breaks and renumbering of pages. No change in language will occur.

If you should have any questions, please do not hesitate to contact me at 1-800-745-1112, extension 87899, by fax at 402-476-7956, or via e-mail at ttran@ameritas.com.

State Narrative:

Company and Contact

Filing Contact Information

SERFF Tracking Number: AMFA-128441880 State: Arkansas
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Teri Tran, Contract Analyst ttran@ameritas.com
5900 O Street 800-745-1112 [Phone] 87899 [Ext]
P O Box 81889 402-467-7956 [FAX]
Lincoln, NE 68501-1889

Filing Company Information

Ameritas Life Insurance Corp. CoCode: 61301 State of Domicile: Nebraska
5900 O Street Group Code: 943 Company Type:
P O Box 81889 Group Name: State ID Number:
Lincoln, NE 68501-1889 FEIN Number: 47-0098400
(800) 756-1112 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$300.00
Retaliatory? No
Fee Explanation: \$50/form X 6 forms
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$300.00	06/12/2012	60066839

SERFF Tracking Number: AMFA-128441880 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/18/2012	06/18/2012

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Disposition

Disposition Date: 06/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-128441880 State: Arkansas

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Company Tracking Number: GLWBRVA

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Product Name: GLWB Rider for Variable Annuities

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Reserve Addendum		Yes
Supporting Document	Hedging Strategy		Yes
Supporting Document	Statement of Variability		Yes
Form	Guaranteed Lifetime Withdrawal Benefit Rider		Yes
Form	Insert Page for Guaranteed Lifetime Withdrawal Benefit Rider		Yes
Form	Insert Page for Guaranteed Lifetime Withdrawal Benefit Rider		Yes
Form	Insert Page for Guaranteed Lifetime Withdrawal Benefit Rider		Yes
Form	Application for Flexible Premium Deferred Variable Annuity		Yes
Form	Application for Flexible Premium Deferred Variable Annuity		Yes

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Form Schedule

Lead Form Number: GLWBRVA 3-12

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GLWBRVA 3-12	Policy/Cont Guaranteed Lifetime ract/Fratern Withdrawal Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: GLWB 4901 Previous Filing #: 36756	0.000	GLWBRVA 3-12.pdf
	GLWBRVA -AP 3-12	Policy/Cont Insert Page for ract/Fratern Guaranteed Lifetime al Withdrawal Benefit Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	GLWBRVA-AP 3-12.pdf
	GLWBRVA -WP 3-12	Policy/Cont Insert Page for ract/Fratern Guaranteed Lifetime al Withdrawal Benefit Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	GLWBRVA-WP 3-12.pdf
	GLWBRVA -GM	Policy/Cont Insert Page for ract/Fratern Guaranteed Lifetime al Withdrawal Benefit Certificate: Rider	Initial		0.000	GLWBRVA-GM.pdf

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Amendmen
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UVA 5-12	Application/ Application for Enrollment Flexible Premium Form Deferred Variable Annuity	Revised	Replaced Form #: 0.000 UVA 1-12 Previous Filing #: AMFA-128154936	UVA 5-12- bracketed.pdf
NLVA 5-12	Application/ Application for Enrollment Flexible Premium Form Deferred Variable Annuity	Revised	Replaced Form #: 0.000 NLVA 1-12 Previous Filing #: AMFA-128154936	NLVA 5-12- bracketed.pdf

Ameritas Life Insurance Corp.

GUARANTEED LIFETIME WITHDRAWAL BENEFIT RIDER

Notwithstanding any provision in the policy to the contrary, this Guaranteed Lifetime Withdrawal Benefit (GLWB) rider becomes a part of the policy to which it is attached. This rider's provisions will prevail over any policy provisions that may be in conflict. All policy provisions that do not conflict will apply to this rider, including charges, fees, and *fixed account* limitations. Terms not defined in this rider have the same meaning as those in the policy.

Subject to the terms and conditions stated below, this rider provides a withdrawal benefit that guarantees a series of annualized withdrawals from the policy, regardless of the policy value, until *your* death or the death of the last surviving *covered person*.

Definitions

Benefit Phases are defined as:

- Accumulation Phase. The period of time between the *policy date* and the first date of the *withdrawal phase*. The rider will remain in *accumulation phase* for at least 30 days.
- Withdrawal Phase. The period of time beginning with the occurrence of the first withdrawal as outlined in the *withdrawal phase* section of this rider.
- Guaranteed Phase. The period of time during which *lifetime withdrawal benefit amount* payments continue to be made, although the policy value has been reduced to zero.

Benefit Base. The amount used in conjunction with the lifetime distribution factor to determine the *lifetime withdrawal benefit amount*. Determined at the beginning of the *withdrawal phase*, the initial *benefit base* equals the greatest of the following:

- policy value
- *premium accumulation value*
- *maximum anniversary policy value*

Covered Person(s) means:

- The *owner(s)* of the policy; or
- The *annuitant(s)* if the *owner* of the policy is a non-natural person, such as a trust; or
- The spouses at the time the joint spousal option is selected. Once the joint spousal option is issued, no changes to the *covered persons* will be permitted.

Excess Withdrawal. The portion of any withdrawal taken during the *withdrawal phase* that makes the total of all withdrawals in a *policy year* exceed the *lifetime withdrawal benefit amount* in that *policy year*.

Lifetime Withdrawal Benefit Amount (LWBA). The maximum amount that can be withdrawn under this rider during a *policy year* without reducing the *benefit base*.

Maximum Anniversary Policy Value. The highest policy value on any *policy anniversary* during the premium accumulation period shown on the GLWB policy schedule after the later of the *policy date* or the most recent reset date, if any.

Premium Accumulation Value. The sum of premiums paid plus interest at the premium accumulation rate compounded annually for the premium accumulation period shown on the GLWB policy schedule. This accumulation occurs during the *accumulation phase* beginning with the later of the *policy date* or the most recent reset date, if any.

The initial *premium accumulation value* is equal to the initial premium.

Remaining Balance. The most recently determined *benefit base* minus the sum of all withdrawals made since the later of the beginning of the *withdrawal phase* or the most recent step-up of the *benefit base*. The *remaining balance* will never be less than zero.

Rider Charge Base. The value used to calculate the monthly rider charge for each *policy month*. At issue the *rider charge base* is set equal to the initial premium. During the *accumulation phase* it is established on each *policy anniversary* as the maximum of the policy value, the *premium accumulation value*, and the *maximum anniversary policy value*. During the *policy year* the *rider charge base* is increased dollar for dollar for premiums paid since the previous *policy anniversary*. The *rider charge base* is also reduced for any withdrawals taken since the previous *policy anniversary* in the proportion that the withdrawal amount has to the policy value prior to the withdrawal as described in the Withdrawals section of this rider.

During the *withdrawal phase* the *rider charge base* is equal to the *benefit base*.

Required Minimum Distribution (RMD). The *required minimum distribution* amount is defined by Internal Revenue Code Section 401(a)(9) and 408(b)(3) and related regulations. It is based on the previous year-end policy value of only the policy to which this rider is attached, including the present value of additional benefits provided under the policy and any other riders attached to the policy to the extent required to be taken into account under IRS guidance.

Rider Charge

The monthly rider charge for this rider is equal to the percentage shown on the GLWB policy schedule multiplied by the *rider charge base*. The charge will be deducted from the policy value each month beginning with the *policy date*.

The rider charge is subject to change upon the rider anniversary, or upon reset as described in the Reset Feature section below. The rider charge will not exceed the maximum shown on the GLWB policy schedule. The rider charge will not be deducted after the policy value reduces to zero or if the rider is terminated.

GLWB Asset Allocation

While this rider is in force, *your* premium payments and policy value must be allocated to one of the permitted asset allocation models ("GLWB Models") offered by *us* in a GLWB asset allocation program and approved for use with this rider.

You may maintain policy value in only one GLWB Model at any given time. A GLWB Model may be comprised of allocation to a single investment option or among multiple investment options. The GLWB Model allocations may be periodically adjusted among then current or new investment option(s) in accordance with the asset allocation program. The GLWB Models and any other investment restrictions are subject to periodic rebalancing. *We* reserve the right to offer GLWB Models with or without an asset allocation program.

Premium payments will be credited to a GLWB Model and withdrawals will be deducted from a GLWB Model according to the current GLWB Model allocation. If a GLWB Model consists of multiple investment options, all premium payments will be credited pro rata among the investment options according to the allocation for the current GLWB Model and all withdrawals will be deducted pro rata from the investment options according to the allocation for the current GLWB Model.

You may transfer *your* total policy value from one permitted GLWB Model to another permitted GLWB Model. Changes to *your* premium payment allocation or policy value allocation outside the permitted GLWB Model will terminate the rider.

We reserve the right to create new GLWB Models or discontinue one or more GLWB Models at any time. If a GLWB Model is to be discontinued, *we* will notify *you* at least 30 days prior to the change. If *we* have not received alternate instructions from *you* prior to the change, *we* will transfer all policy value from the discontinued GLWB Model to a default GLWB Model as specified in the notice. *You* may later request to transfer *your* total policy value from the default GLWB Model to any remaining permitted GLWB Model.

We may close one or more GLWB Models to additional premium payments and transfers. *We* will notify *you* at least 30 days prior to the closure(s). If *you* wish to make additional premium payments, *you* will be required to transfer *your* total policy value to another GLWB Model for which additional premium payments are permitted.

Continuation of Rider by Surviving Spouse for Single Life Option

This section applies only to policies issued as nonqualified, or to policies issued as regular, SEP, SIMPLE, or Roth IRA's.

1. If the *covered person* dies during the *accumulation phase* of this rider and if the surviving spouse of the deceased *covered person* has attained the age of 50, the surviving spouse may elect to continue this rider for his or her life in accordance with its terms.

If the surviving spouse so elects, the rider will continue in the *accumulation phase* and the *premium accumulation value* and *maximum anniversary policy value* will be set equal to the policy value. The rider charge will equal the rider charge in effect for new issues of the same rider and will not exceed the maximum rider charge shown on the GLWB policy schedule. If the surviving spouse has not reached attained age 50, the rider will terminate.

2. If the *covered person* dies during the *withdrawal phase*, the surviving spouse of the deceased *covered person* may elect to continue the policy in accordance with its terms. Total annual withdrawals, not to exceed the LWBA in effect on the date of the *covered person's* death, will be allowed until such time that the *remaining balance* is reduced to zero. No step-up of the *benefit base* is available after the *covered person's* death.

ACCUMULATION PHASE

Reset Feature

On each *policy anniversary* during the *accumulation phase*, the *premium accumulation value* will be reset to the policy value, if it is greater.

At the time of a reset:

1. A new premium accumulation period begins for the:
 - a. *premium accumulation value*; and
 - b. *maximum anniversary policy value*.
2. If the rider charge increases, *we* will notify *you* at least 30 days prior to the *policy anniversary*. The rider charge for the rider will be specified in the notice and will not exceed the maximum charge shown on the GLWB policy schedule.
3. *You* can decline the rider charge increase by sending *us written notice* no later than 10 days prior to the *policy anniversary*. If *you* decline the rider charge increase, the reset feature will be suspended and the rider charge percentage will remain unchanged for the current *policy year*.

On and after each reset, the provisions of this rider will apply in the same manner as they applied when the rider was issued. The deduction of charges, limitations on withdrawals, and any future reset options available on and after the most recent reset will again apply and will be measured from the most recent reset.

Withdrawals

You are permitted to request one withdrawal per *policy year* during the *accumulation phase* without initiating the *withdrawal phase*. *You* must indicate *your* wish to exercise this provision at the time *you* request the withdrawal. The withdrawal can be no sooner than 30 days after the policy issue date. The premium accumulation rate used in the *policy year* in which the withdrawal is taken is shown on the policy schedule.

A second request for a withdrawal in a *policy year* will automatically transition the rider to the *withdrawal phase* as described below.

A withdrawal will reduce the *rider charge base*, *premium accumulation value* and the *maximum anniversary policy value* in the same proportion that the withdrawal amount has to the policy value prior to the withdrawal. The *rider charge base*, *premium accumulation value* and *maximum anniversary policy value*, respectively, after the withdrawal, will be equal to (a) minus the result of multiplying (a) by the quotient of (b) divided by (c) as shown in the following formula:

$$a - (a \times (b/c))$$

where:

a = *rider charge base*, *premium accumulation value* or *maximum anniversary policy value* prior to the withdrawal;

b = withdrawal amount;

c = policy value prior to the withdrawal.

WITHDRAWAL PHASE

You may choose to begin withdrawal payments no sooner than 30 days after the policy issue date, and no later than 60 days after the date *we* receive the properly completed service forms in *our* client service office.

Benefit Base

The *benefit base* is established at the beginning of the *withdrawal phase*. It is not used to determine other benefits or features of the policy or this rider.

The *benefit base* is adjusted downward due to an *excess withdrawal* and upward due to step-up or additional premium payments.

Lifetime Withdrawal Benefit Amount

We guarantee that *you* can withdraw up to the LWBA during the *withdrawal phase*, regardless of policy value, until the death of the last *covered person*. Total withdrawals in a *policy year* that do not exceed the LWBA will not be subject to withdrawal charges as provided by the base policy and any other rider issued with the base policy. The LWBA is determined by applying the lifetime distribution factor to the *benefit base*. The lifetime distribution factor corresponds to the attained age of the youngest *covered person* at the beginning of the *withdrawal phase*. The lifetime distribution factor is shown on the GLWB policy schedule and it will never change once it is established.

At any time that the *benefit base* is adjusted, the LWBA is redetermined by applying the lifetime distribution factor to the adjusted *benefit base*.

You have the choice of receiving withdrawals on an annual, semi-annual, quarterly, or monthly basis. If periodic withdrawals would be or become less than \$100, we will change the frequency of withdrawals to an interval that will result in a payment of at least \$100.

Impact of Withdrawals on Benefit Base

Withdrawals taken during the *withdrawal phase* may impact the *benefit base*. Total withdrawals in a *policy year* up to the LWBA will not reduce the *benefit base* and will not impact LWBA.

If you are required to take RMD from the policy and the RMD exceeds the LWBA, the portion of the RMD that is greater than the LWBA will not be treated as an *excess withdrawal*. Any withdrawal amount that causes total withdrawals in a *policy year* to exceed the greater of the LWBA or the RMD will be treated as an *excess withdrawal*.

At the time a withdrawal is taken, if the total withdrawals in a *policy year* exceed the LWBA, the excess will be considered as an *excess withdrawal*. *Excess withdrawals* will proportionally reduce the *benefit base*. The proportional reduction in the *benefit base* is equal to the quotient of (x) divided by the result of subtracting (z) minus (x) from (y):

$$\frac{x}{(y - (z - x))}$$

where:

x = *excess withdrawal* amount with respect to LWBA;

y = policy value immediately prior to the withdrawal;

z = total amount of the current withdrawal.

A reduction in the *benefit base* will reduce the LWBA. No *excess withdrawals* will be allowed when the policy value is zero.

If an *excess withdrawal* reduces the LWBA to an amount less than \$100, we will pay the *remaining balance* in a lump sum. The rider and its benefits will be terminated.

Step-up of Benefit Base

On each *policy anniversary* during the *withdrawal phase*, we will compare the policy value to the *benefit base*. If the policy value is greater than the *benefit base* on any anniversary, we will increase the *benefit base* to equal the policy value and recalculate the LWBA, which will increase the LWBA.

Additional Premiums

Additional premium payments made during the *withdrawal phase* will:

1. increase the policy value according to the provisions of the policy; and
2. increase the *benefit base*; and
3. increase the LWBA.

Premium payments made during the *withdrawal phase* may not exceed the limits shown on the policy schedule without *our* prior approval. Premium payments will not be accepted if the policy value is zero.

GUARANTEED PHASE

If a withdrawal (including an RMD) reduces the policy value to zero and at least one *covered person* is still living, the following will apply:

1. the monthly rider charge will no longer be deducted; and
2. the LWBA will be provided until the death of the last surviving *covered person* under a series of pre-authorized withdrawals according to a frequency selected by the *owner*, but no less frequently than annually; and
3. no additional premiums will be accepted; and
4. no additional step-ups will occur; and
5. any *remaining balance* will not be available for payment in a lump sum and may not be applied to provide payments under an annuity option; and
6. the policy and any other riders will cease to provide any death benefits.

DEATH BENEFIT

Upon the death of the last *covered person*, provided the rider is not in the *guaranteed phase*, the *beneficiary* will select to receive either the death benefit as provided by the policy and other riders, as applicable, or the distribution of the *remaining balance* accomplished through the payment of the LWBA subject to the IRS regulations as relating to RMD until such time that the *remaining balance* is zero.

If the last surviving *covered person* dies and the policy value is zero as of the date of death, any *remaining balance* will be distributed to the *beneficiary* through the payment of the LWBA until such time that the *remaining balance* is zero.

TERMINATION OF RIDER

Except as otherwise provided under the Continuation of Rider by Surviving Spouse for Single Life Option, this rider will terminate without value on the earliest occurrence of any of the following dates:

1. the date of death of the last surviving *covered person*;
2. the date there is a change of *owner* that results in a change of *covered person*;
3. the date annuity payments commence under an annuity income option as described in the policy;
4. the date an *excess withdrawal* is taken such that the LWBA is less than \$100;
5. the date any investment restriction is violated;
6. the date the *owner(s)* provide *us* with *written notice* to terminate either this rider or the policy.


If annuity payments are to commence under #3 above, at the maximum *annuity date*, the *owner* may select one of the following options:

1. apply the policy value under an annuity income option described in the policy; or,
2. receive periodic annualized payments equal to the LWBA that would otherwise be determined at that time through a life contingent annuity.

AMERITAS LIFE INSURANCE CORP.

[]

[President]

[]

[Secretary]

GUARANTEED LIFETIME WITHDRAWAL BENEFIT RIDER

Accumulation Phase: [Single Life]

Rider Charge:

Current

[0.1041]% of the Rider Charge Base
deducted on the Policy Date and on each subsequent month, which is equivalent to an annual rate of
[1.25%] of the Rider Charge Base.

Maximum

[0.1666]% of the Rider Charge Base
deducted on the Policy Date and on each subsequent month, which is equivalent to an annual rate of
[2.00%] of the Rider Charge Base.

Premium Accumulation Rate: [5.00%] for the Rider Year if no withdrawal is taken.

[0.00%] for the Rider Year in which a withdrawal is
taken.

Premium Accumulation Period: [10] Years

Lifetime Distribution Factor:

[3.50%] - ages 50 through 54
[4.00%] - ages 55 through 59
[4.50%] - ages 60 through 64
[5.00%] - ages 65 through 69
[5.25%] - ages 70 through 74
[5.50%] - ages 75 through 79
[6.00%] - ages 80 and older

Withdrawal Phase Premium Payment Limit: \$[25,000] per Rider Year

GUARANTEED LIFETIME WITHDRAWAL BENEFIT RIDER

Withdrawal Phase: [Single Life]
Your benefit has moved from the Accumulation Phase to the Withdrawal Phase.

Rider Charge: [0.1666]% of the Rider Charge Base
deducted on the Policy Date and on each subsequent month, which is equivalent to an annual rate of
[2.00%] of the Rider Charge Base. This charge will remain unchanged during the Withdrawal Phase.

Lifetime Distribution Factor: [3.50%]

Withdrawal Phase Premium Payment Limit: \$[25,000] per Rider Year

GLWB MODELS

[BALANCED]

[MODERATE]

[CONSERVATIVE]



[P.O. Box 82550, Lincoln, NE 68501-2550]
[800-745-1112, Fax 402-467-7335]
(Client Service Office)

Ameritas Life Insurance Corp.

Application for OVERTURE MEDLEY! VARIABLE ANNUITY

Please print clearly in black ink. This form will be photocopied.

1010-V

1. Owner All correspondence will be sent to this address. If a Trust, give Trust Name, Trustee and Trust Date. A copy of the Trust should be submitted with the application. (SSN refers to Social Security Number. EIN refers to Employer Identification Number.)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female
SSN / EIN _____ Date of Birth _____
Address _____ Date of Trust _____
City/State/ZIP _____ Daytime Phone _____
E-mail Address _____

Joint Owner (Optional)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female
SSN / EIN _____ Date of Birth _____
Address _____ Relationship to Owner _____
City/State/ZIP _____ Daytime Phone _____
E-mail Address _____

2. Annuitant (If other than Owner)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female
SSN _____ Date of Birth _____
Address _____ Relationship to Owner _____
City/State/ZIP _____ Daytime Phone _____
E-mail Address _____

Joint Annuitant (Optional)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female
SSN _____ Date of Birth _____
Address _____ Relationship to Owner _____
City/State/ZIP _____ Daytime Phone _____
E-mail Address _____

3. Beneficiary If Joint Owner, both owners must be named primary beneficiaries. If left blank, the beneficiary will be the estate of the Owner. Unless otherwise indicated, multiple beneficiaries of the same class shall be paid equally to the survivor or survivors. Please provide full names.

Primary

Name _____	Contingent
Name _____	Name _____
Relationship to Owner _____	Relationship to Owner _____
SSN / EIN _____	SSN / EIN _____
Date of Birth or Trust _____	Date of Birth or Trust _____
Name _____	Name _____
Relationship to Owner _____	Relationship to Owner _____
SSN / EIN _____	SSN / EIN _____
Date of Birth or Trust _____	Date of Birth or Trust _____

4. Annuity Plan Type

Please select one

☐ Nonqualified

Qualified

☐ 457 Deferred Comp

☐ 401(a) Pension/Profit Sharing

☐ 401(k) Profit Sharing

☐ 408(b) IRA

☐ 408(k) SEP-IRA

☐ 408(p) SIMPLE IRA

☐ 408A Roth IRA

(Regular Contribution)

☐ _____

5. Riders

Step #1 Select your Withdrawal Charge Option:

☐ 9-Year

Default – no cost

☐ 7-Year

☐ 5-Year

☐ No Withdrawal Charge

Plans with GLWB may also choose this option

Step #2 Optional Riders:

A. Guaranteed Lifetime Withdrawal Benefit (GLWB)

Available at issue for ages 50-85. For Joint Spousal, both spouses must be at least age 50.

Participation in the GLWB Model program is required. See Allocation section.

☐ **Accumulation Phase**

☐ Single Life

☐ Joint Spousal* (Nonqualified)

☐ Joint Spousal (IRA, SEP-IRA,
SIMPLE IRA, and Roth IRA)

Completion of GLWB Election Request
Form (AG 5226) is also required

☐ **Withdrawal Phase**

Completion of GLWB Election Request
Form (AG 5226) is also required

☐ Single Life

☐ Joint Spousal* (Nonqualified)

☐ Joint Spousal (IRA, SEP-IRA,
SIMPLE IRA, and Roth IRA)

*Spouse must be named Joint Annuitant/Owner and both spouses must be named primary beneficiary.

Select from B or C

B. When selecting 9-year, 7-year or 5-year Withdrawal Charge:

☐ **Minimum Premium**

Initial premium less than \$25,000

☐ **Free Partial Withdrawal - 10% Policy Value**

Required for GLWB if selected in A above

☐ **Guaranteed Minimum Death Benefit**
Not available if over age 70

☐ Annual Step-Up

☐ 5% Roll-Up

☐ Greater of Step-Up or 5% Roll-Up

☐ **Estate Protection**

☐ Estate Protection Benefit

☐ Expanded Estate Protection Benefit

C. When selecting No Withdrawal Charge:

☐ **Guaranteed Minimum Death Benefit - Annual Step-Up**
Not available if over age 70

6. Initial Premium

IMPORTANT! All premium checks must be made payable to Ameritas Life Insurance Corp.

Do not make check payable to the agent/registered representative or leave the payee blank.

☐ Check enclosed with this application \$ _____

Tax Year for Payment _____

☐ 1035 Exchange \$ _____

☐ Direct Transfer \$ _____

☐ Direct Rollover \$ _____

☐ Participant Rollover \$ _____

☐ Roth Conversion \$ _____

☐ Total Payment \$ _____

7. Suitability Information

Complete in Owner's (Applicant's) presence.

Applicants are urged to supply information in order that the agent/registered representative may make an informed judgment as to the suitability for a particular purchaser of a variable annuity. If the Applicant chooses not to do so, the agent/registered representative must complete the following items to the best of his/her knowledge.

☐ Check this box if the information was not provided by the Applicant.

a. Income for the past 12 months \$ _____

b. Projected income for the next 12 months \$ _____

c. Tax Bracket _____%

d. Approximate liquid net worth (excluding home) \$ _____

e. Is the Proposed Owner(s) in good health on the application date? ☐ Yes ☐ No (If no, explain)

Annuitant(s)? ☐ Yes ☐ No (If no, explain)

f. Owner's Occupation(s) _____

g. Employer Name and Address _____

Investment Objectives

Check at least one. Multiple objectives can be ranked based on importance to you. Primary = 1, Secondary = 2, etc.

___ Long Term Gain ___ Short Term Gain ___ Income ___ Tax Advantaged ___ Safety of Principal

Risk Tolerance

Rank based on your level of risk. Tolerable = 1, least Tolerable = 4.

___ Low Risk ___ Moderate Risk ___ Speculative Risk ___ High Risk

All Registered Representatives must provide their Broker/Dealer with client information applicable to suitability. (See your Broker/Dealer for details.)

Supervisory Principal's Signature _____

8. Investment Advisory Agreement for Model Asset Allocation

In selecting to participate in the Model Asset Allocation program or the GLWB Model program using the Asset Allocation tool, I understand:

- I am giving Ameritas Investment Corp. ("AIC"), an affiliate of Ameritas Life Insurance Corp. ("Ameritas Life"), discretionary authority to serve as my investment adviser for the program solely for purposes of developing asset allocation models and periodic updates to the models, and to instruct Ameritas Life to allocate my premiums and policy values pursuant to the model I select and any changes to the model by AIC. I am not retaining AIC as my investment adviser for any other financial planning purposes, unless agreed to expressly in writing. There is no additional charge for selecting the Model Asset Allocation program or the GLWB Model program (other than the fee associated with the GLWB rider).
- I must decide whether to participate in the program and which model is best for me. AIC will not make this decision for me. The Asset Allocation Questionnaire is only a tool to assist me. I may consult my own financial professional to help me.
- If I ever direct Ameritas Life to allocate my premiums or policy value to portfolios not included in the models, I will no longer receive updates to the models and this limited advisory agreement will terminate.
- AIC and Ameritas Life may be subject to competing interests that have the potential to influence AIC's decision making with regard to the models, including revenue sharing from portfolios, and additional advisory fees and principal underwriting fees. These potential conflicts are disclosed in the Policy prospectus and AIC's Form ADV Part 2A, Appendix 1, which I acknowledge having received, and the Policy Statement of Additional Information, which I have the opportunity to obtain.
- AIC or Ameritas Life may terminate or change its available asset allocation program(s) at any time.
- This Agreement is effective upon receipt and approval by Ameritas Life and AIC of my election to participate.

9. Allocation

The models will be rebalanced quarterly.

GLWB Models *Required with GLWB Rider*
Choose one.

- [☐ **GLWB Model – Balanced**
☐ **GLWB Model – Moderate**
☐ **GLWB Model – Conservative**]

Investment Level Asset Allocation Models *Not available with GLWB Rider*
Choose one of the following models **OR**
select your own Individual Investment Options below.

- [☐ **Aggressive Model**
☐ **Capital Growth Model**
☐ **Balanced Model**
☐ **Moderate Model**
☐ **Conservative Model**]

Individual Investment Options *Not available with GLWB Rider*

Use whole percentages only. Must total 100%.

If Dollar Cost Averaging, a portion must be invested in the Money Market Fund or Fixed Account (see prospectus for restrictions) and the Dollar Cost Averaging section of the Optional Program form must be completed.

[**The Alger Portfolios**

____% Alger Balanced Portfolio, Class I-2

American Century Investments

____% American Century VP Income & Growth Fund, Class I

____% American Century VP Mid Cap Value Fund, Class I

Calvert Variable Products, Inc.

____% Calvert VP Barclays Capital Aggregate Bond Index Portfolio

____% Calvert VP EAFE International Index Portfolio, Class I

____% Calvert VP Inflation Protected Plus Portfolio

____% Calvert VP Nasdaq 100 Index Portfolio

____% Calvert VP Natural Resources Portfolio

____% Calvert VP Russell 2000 Small Cap Index Portfolio, Class I

____% Calvert VP S&P 500 Index Portfolio

____% Calvert VP S&P MidCap 400 Index Portfolio, Class I

____% Calvert VP SRI Large Cap Value Portfolio

Calvert Variable Series, Inc.

____% Calvert VP Income Portfolio

____% Calvert VP Money Market Portfolio

____% Calvert VP Small Cap Growth Portfolio

____% Calvert VP SRI Balanced Portfolio

____% Calvert VP SRI Equity Portfolio

____% Calvert VP SRI Strategic Portfolio

Dreyfus Investment Portfolios

____% Dreyfus MidCap Stock Portfolio, Service Shares

DWS Variable Series II

____% DWS Dremar Small Mid Cap Value VIP Portfolio, Class A

____% DWS Global Thematic VIP Portfolio, Class A

Fidelity® Variable Insurance Products

____% Fidelity® VIP Asset ManagerSM Portfolio, Service Class 2

____% Fidelity® VIP Asset Manager: Growth® Portfolio, Service Class 2

____% Fidelity® VIP Contrafund® Portfolio, Service Class 2

____% Fidelity® VIP Equity-Income Portfolio, Service Class 2

____% Fidelity® VIP Growth Portfolio, Service Class 2

____% Fidelity® VIP High Income Portfolio, Service Class 2

____% Fidelity® VIP Investment Grade Bond Portfolio, Service Class 2

____% Fidelity® VIP Mid Cap Portfolio, Service Class 2

____% Fidelity® VIP Overseas Portfolio, Service Class 2

Financial Investors

Variable Insurance Trust (ALPS)

____% Ibbotson Balanced ETF Asset Allocation Portfolio, Class II

____% Ibbotson Growth ETF Asset Allocation Portfolio, Class II

____% Ibbotson Income and Growth ETF Asset Allocation Portfolio, Class II

Invesco Variable Insurance Funds

____% Invesco Van Kampen V.I. Mid Cap Growth Fund, Series I

____% Invesco V.I. Global Core Equity Fund, Series I

____% Invesco V.I. Global Real Estate Fund, Series I

____% Invesco V.I. International Growth Fund, Series I

MFS® Variable Insurance Trust

____% MFS® New Discovery Series, Initial Class

____% MFS® Research International Series, Initial Class

____% MFS® Strategic Income Series, Initial Class

____% MFS® Total Return Series, Initial Class

____% MFS® Utilities Series, Initial Class

Neuberger Berman Advisers Management Trust

____% Neuberger Berman AMT Mid Cap Intrinsic Value Portfolio, Class I

PIMCO Variable Insurance Trust

____% PIMCO Total Return Portfolio, Administrative Class

T. Rowe Price Equity Series, Inc.

____% T. Rowe Price Blue Chip Growth Portfolio-II

Third Avenue Variable Series Trust

____% Third Avenue Value Portfolio

The Universal Institutional Funds, Inc.

____% UIF Emerging Markets Equity Portfolio, Class I

____% UIF Global Tactical Asset Allocation Portfolio, Class I

____% UIF U.S. Real Estate Portfolio, Class I]

Ameritas Life Insurance Corp.

____% Fixed Account

100% TOTAL

Whole percentages only; must total 100%

10. Additional Information

11. Telephone Authorization

Unless waived, the Owner and Representative will have automatic telephone transfer authorization.

☐ I elect **NOT** to have telephone authorization. ☐ I elect **NOT** to have my Registered Representative have transfer authorization

I hereby authorize and direct Ameritas Life to make allowable transfers of funds or reallocation of net premiums among available subaccounts based upon instructions received by telephone from: a) myself, as Owner; b) my Agent/Registered Representative in Section 15 below; and c) the person(s) named below. Ameritas Life will not be liable for following instructions communicated by telephone that it reasonably believes to be genuine. Ameritas Life will employ reasonable procedures, including requiring the policy number to be stated, tape recording all instructions, and mailing written confirmations. If Ameritas Life does not employ reasonable procedures to confirm that instructions communicated by telephone are genuine, Ameritas Life may be liable for any losses due to unauthorized or fraudulent instructions.

Name per (c) above: _____ SSN _____

Address: _____

(This is not to be used for Fee Advisor authorization.)

I understand: a) all telephone transactions will be recorded; and b) this authorization will continue in force until the authorization is revoked by either Ameritas Life or me. The revocation is effective when received in writing or by telephone by the other party.

12. Replacement Information

- a. Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
If yes, complete Replacement Notice if required by State Law.
- b. Will this annuity replace any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

13. For your protection, please read the following notice:

Other than in those states listed below, we are required to warn you of the following: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

NOTE FOR COLORADO RESIDENTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTE FOR DISTRICT OF COLUMBIA, MARYLAND AND RHODE ISLAND RESIDENTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTE FOR GEORGIA, KANSAS, NEBRASKA AND TEXAS RESIDENTS: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

NOTE FOR MAINE RESIDENTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTE FOR NEW JERSEY RESIDENTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTE FOR NEW MEXICO RESIDENTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE, IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTE FOR OKLAHOMA RESIDENTS: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment.

NOTE FOR PENNSYLVANIA RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTE FOR VERMONT RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTE FOR VIRGINIA RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

14. Acknowledgment

- a. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained above are full, complete, and true.
- b. I (We) certify that the Social Security Number or Employer Identification Number shown above is correct.
- c. The Annuity Date is the later of five policy years or age 85 unless otherwise requested.
- d. I (We) have been given a current Prospectus for this variable annuity which explains insurance-related charges.
- e. I (We) acknowledge that I (we) have received the asset allocation brochure, if applicable.
- f. If you are purchasing this policy for use in a tax-qualified plan, please acknowledge the following: I have been informed and understand that a tax-deferred accrual feature is provided through my tax-qualified plan and this annuity does not provide any additional tax-deferral benefit. In addition, I am also acknowledging that I am purchasing this annuity policy for use in a tax-qualified plan because of its features and/or benefits other than tax-deferral (such as the lifetime income option, available death benefit and/or maximum guarantee fees).
- ☐ Check here if you wish to receive a copy of the Statement of Additional Information.
- g. **I (We) understand that policy values may increase or decrease according to the investment experience of the Separate Account and that the dollar amounts are not guaranteed. I (We) believe this policy is appropriate to meet my investment objectives and anticipated financial needs.**

Dated at _____ (City) _____ (State) On this Date _____

X

Signature of Owner

X

Signature of Joint Owner (if applicable)

X

Signature of Annuitant if other than Owner

X

Signature of Joint Annuitant If other than Joint Owner (if applicable)

Title of Officer or Trustee

Title of Officer or Trustee

15. Agent/Registered Representative Statement (Must check appropriate box)

- a. Does the Owner (Applicant) have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
If yes, submit with this application a completed Replacement Notice, signed by both you and the Owner (Applicant), if required by State Law.
- b. Do you have any knowledge or reason to believe that replacement of existing life insurance policies or annuity contracts may be involved? ☐ Yes ☐ No
- c. Did you see the Owner (Applicant) at the time of application completion? ☐ Yes ☐ No

If yes, you must positively identify the Owner with an unexpired government-issued picture form of identification (ID). Examples of acceptable forms are: Driver's License, Passport, Military ID, Green Card. You must provide the following information:

Form of ID used for Owner	ID #	Expiration Date
Form of ID used for Joint Owner (if applicable)	ID #	Expiration Date

If no, you must submit a copy of an unexpired government-issued picture form of ID with this application.

What was or will be the source of funds used to apply for the policy?

- ☐ Checking Account ☐ Savings Account ☐ Proceeds from Investments ☐ Inheritance ☐ Other _____

I certify that: 1) the information provided by the Owner has been accurately recorded; 2) a current prospectus and all supplements were delivered; and 3) I have reasonable grounds to recommend the purchase of the policy as suitable for the Owner.

X _____
Signature of Agent/Registered Representative Date

Print Name Here Agent/RR Code / Percentage Agency or Broker/Dealer

X _____
Signature of Agent/Registered Representative Date

Print Name Here Agent/RR Code / Percentage Agency or Broker/Dealer

Ameritas Life Insurance Corp.

[P.O. Box 81889, Lincoln NE 68501-1889]

[800-255-9678, Fax 402-467-7335]

APPLICATION FOR VARIABLE ANNUITY

(Client Service Office)

Please print clearly in black ink.

Payments and termination values provided by this contract are variable and are not guaranteed as to fixed dollar amount.

1. Owner All correspondence will be sent to this address. If a Trust, give Trust Name, Trustee and Trust Date. A copy of the Trust should be submitted with the application. (SSN refers to Social Security Number. EIN refers to Employer Identification Number.)

Full Name _____ Sex: ☐ Male ☐ Female
 SSN / EIN _____ Date of Birth _____
 Address _____ Date of Trust _____
 City/State/ZIP _____ Daytime Phone _____
 E-mail Address _____

Joint Owner (Optional)

Full Name _____ Sex: ☐ Male ☐ Female
 SSN / EIN _____ Date of Birth _____
 Address _____ Relationship to Owner _____
 City/State/ZIP _____ Daytime Phone _____
 E-mail Address _____

2. Annuitant Complete only if different from Owner.

Full Name _____ Sex: ☐ Male ☐ Female
 SSN _____ Date of Birth _____
 Address _____ Relationship to Owner _____
 City/State/ZIP _____ Daytime Phone _____
 E-mail Address _____

Joint Annuitant (Optional)

Full Name _____ Sex: ☐ Male ☐ Female
 SSN _____ Date of Birth _____
 Address _____ Relationship to Owner _____
 City/State/ZIP _____ Daytime Phone _____
 E-mail Address _____

3. Beneficiary If Joint Owner, both owners must be named primary beneficiaries. If left blank, the beneficiary will be the estate of the Owner. Unless otherwise indicated, multiple beneficiaries of the same class shall be paid equally to the survivor or survivors. Please provide full names.**Primary**

Name _____
 Relationship to Owner _____
 SSN / EIN _____
 Date of Birth or Trust _____

Name _____
 Relationship to Owner _____
 SSN / EIN _____
 Date of Birth or Trust _____

Contingent

Name _____
 Relationship to Owner _____
 SSN / EIN _____
 Date of Birth or Trust _____

Name _____
 Relationship to Owner _____
 SSN / EIN _____
 Date of Birth or Trust _____

4. Annuity Plan Type*Please select one*☐ **Nonqualified****Qualified**☐ 408(b) IRA☐ 408(p) SIMPLE IRA☐ 401(a) Pension/Profit Sharing☐ 408(k) SEP-IRA☐ 408(a) Roth IRA☐ 401(k) Profit Sharing

5. Initial Premium Please indicate the source(s) of the total payment.**IMPORTANT! All premium checks must be made payable to Ameritas Life Insurance Corp.****Do not make check payable to the agent/registered representative or leave the payee blank.**

<input type="checkbox"/> Check enclosed with this application. \$ _____	<input type="checkbox"/> Direct Transfer \$ _____
Tax Year for Payment. _____	<input type="checkbox"/> Direct Rollover \$ _____
<input type="checkbox"/> 1035 Exchange \$ _____	<input type="checkbox"/> Participant Rollover \$ _____
	<input type="checkbox"/> Total Payment \$ _____

6. Optional Rider**Guaranteed Lifetime Withdrawal Benefit (GLWB)***Available at issue for ages 50-85. For Joint Spousal, both spouses must be at least age 50.**Participation in the GLWB Model program is required. See Allocation section.*☐ **Accumulation Phase**

- ☐ Single Life
- ☐ Joint Spousal* (Nonqualified)
- ☐ Joint Spousal (IRA, SEP-IRA, SIMPLE IRA, and Roth IRA)

Completion of GLWB Election Request Form (AG 5226) is also required☐ **Withdrawal Phase***Completion of GLWB Election Request Form (AG 5226) is also required*

- ☐ Single Life
- ☐ Joint Spousal* (Nonqualified)
- ☐ Joint Spousal (IRA, SEP-IRA, SIMPLE IRA, and Roth IRA)

Spouse must be named Joint Annuitant/Owner and both spouses must be named primary beneficiary.*7. Investment Advisory Agreement for Model Asset Allocation**

In selecting to participate in the Model Asset Allocation program or the GLWB Model program using the Asset Allocation tool, I understand:

- I am giving Ameritas Investment Corp. ("AIC"), an affiliate of Ameritas Life Insurance Corp. ("Ameritas Life"), discretionary authority to serve as my investment adviser for the program solely for purposes of developing asset allocation models and periodic updates to the models, and to instruct Ameritas Life to allocate my premiums and policy values pursuant to the model I select and any changes to the model by AIC. I am not retaining AIC as my investment adviser for any other financial planning purposes, unless agreed to expressly in writing. There is no additional charge for selecting the Model Asset Allocation program or the GLWB Model program (other than the fee associated with the GLWB rider).
- I must decide whether to participate in the program and which model is best for me. AIC will not make this decision for me. The Asset Allocation Questionnaire is only a tool to assist me. I may consult my own financial professional to help me.
- If I ever direct Ameritas Life to allocate my premiums or policy value to portfolios not included in the models, I will no longer receive updates to the models and this limited advisory agreement will terminate.
- AIC and Ameritas Life may be subject to competing interests that have the potential to influence AIC's decision making with regard to the models, including revenue sharing from portfolios, and additional advisory fees and principal underwriting fees. These potential conflicts are disclosed in the Policy prospectus and AIC's Form ADV Part 2A, Appendix 1, which I acknowledge having received, and the Policy Statement of Additional Information, which I have the opportunity to obtain.
- AIC or Ameritas Life may terminate or change its available asset allocation program(s) at any time.
- This Agreement is effective upon receipt and approval by Ameritas Life and AIC of my election to participate.

8. Allocation

The models will be rebalanced quarterly.

GLWB Models *Required with GLWB Rider*
Choose one.

- [☐ **GLWB Model – Balanced**
- ☐ **GLWB Model – Moderate**
- ☐ **GLWB Model – Conservative**]

Investment Level Asset Allocation Models *Not available with GLWB Rider*
Choose one of the following models **OR** select your own Individual Investment Options on the following page.

- [☐ **Aggressive Model**
- ☐ **Capital Growth Model**
- ☐ **Balanced Model**
- ☐ **Moderate Model**
- ☐ **Conservative Model**]

Allocation (continued)**Individual Investment Options** *Not available with GLWB Rider*

Use whole percentages only. Must total 100%.

Vanguard® VIF _____ % Money Market _____ % Balanced _____ % Diversified Value _____ % Equity Income _____ % Equity Index _____ % Growth _____ % High Yield Bond _____ % International _____ % Mid-Cap Index _____ % REIT Index _____ % Small Company Growth _____ % Total Bond Market Index _____ % Total Stock Market Index American Century VP Class I _____ % International _____ % Mid Cap Value Calvert Variable Products _____ % VP EAFE International Index Class I _____ % VP Natural Resources	Calvert Variable Series _____ % VP SRI Balanced _____ % VP SRI Equity _____ % VP SRI Strategic Dimensional Fund Advisors _____ % VA Global Bond _____ % VA International Small _____ % VA International Value _____ % VA Short-Term Fixed _____ % VA U.S. Large Value _____ % VA U.S. Targeted Value DWS VS I Class A _____ % Capital Growth VIP DWS VS II Class A _____ % Dreman Small Mid Cap Value VIP _____ % Global Thematic VIP Fidelity® VIP Initial Class _____ % Contrafund® _____ % Equity-Income _____ % Growth _____ % High Income	Fidelity® VIP Initial Class (continued) _____ % Investment Grade Bond _____ % Mid Cap _____ % Overseas _____ % Strategic Income FTVPT Templeton Class 2 _____ % Templeton Global Bond Securities Invesco V.I. Series I _____ % American Franchise _____ % International Growth MFS® VIT Initial Class _____ % Research International _____ % Utilities Neuberger Berman AMT Class I _____ % Large Cap Value _____ % Mid Cap Intrinsic Value PIMCO VIT Administrative Class _____ % CommodityRealReturn® Strategy _____ % Total Return	Rydex _____ % Guggenheim U.S. Long Short Momentum _____ % Government Long Bond 1.2x Strategy _____ % Inverse Government Long Bond Strategy _____ % Inverse NASDAQ-100® Strategy _____ % Inverse S&P 500 Strategy _____ % NASDAQ-100® _____ % Nova _____ % Precious Metals _____ % Russell 2000 1.5x Strategy T. Rowe Price _____ % Blue Chip Growth Third Avenue _____ % Value UIF Class I _____ % Emerging Markets Equity] Ameritas Life _____ % Fixed Account (maximum 25%) 100 % TOTAL (Whole percentages only; must total 100%)
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9. Replacement Information

- a. Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
 If yes, complete Replacement Notice if required by State Law.
- b. Will this annuity replace any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

10. Telephone Authorization Unless waived, the owner will have automatic telephone transfer authorization.

I hereby authorize and direct Ameritas Life to make allowable transfers of funds or reallocation of net premiums among available subaccounts or to complete other financial transactions as may be allowed by Ameritas Life at the time of request, based upon instructions received from the Owner by phone. Ameritas Life will not be liable for following instructions communicated by telephone that it reasonably believes to be genuine. Ameritas Life will employ reasonable procedures, including requiring the policy number to be stated, tape recording all instructions, and mailing written confirmations. If Ameritas Life does not employ reasonable procedures to confirm that instructions communicated by telephone are genuine, Ameritas Life may be liable for any losses due to unauthorized or fraudulent instructions.

I understand: a) all telephone transactions will be recorded; and b) this authorization will continue to be in force until the earlier of (1) written revocation by the Owner is received by Ameritas Life or (2) Ameritas Life discontinues this privilege.

☐ I elect NOT to have telephone transfer authorization.

11. Automatic Bank Draft *Please attach a voided check.* If voided check is NOT attached and a personal check accompanies this application, the account referenced on the check will be used to establish this plan. Minimum draft amount is \$50.

Please draw \$ _____ from the bank account as shown below on the _____ (day) of each month and invest as shown in Section 8 of this application.

Name of Depositor/Account Name _____ Account No. _____

Name of Bank, Branch and Bank Address _____

This authorization can be terminated upon 30 days written notice to the other party by the depositor or Ameritas Life. Ameritas Life may terminate this authorization if any debit entry is not honored.

X _____
 Authorized signature for above account

12. Suitability Information With joint owners, include information for both Owners.**Industry and Other Affiliations**

Are you, your spouse, domestic partner, or any other immediate family members, including parents, in-laws, siblings and dependents:

Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?

If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).

- ☐ Broker-Dealer or Municipal Securities Dealer ☐ Investment Adviser
☐ Financial Industry Regulatory Authority (FINRA) ☐ State or Federal Securities Regulator
or other Self Regulatory Organization*

(*Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.)

Name of entity(ies): _____

An officer, director or 10% (or more) shareholder in a publicly-owned company?

Name of company and symbol: _____

A senior military, governmental or political official in a non-US country?

Name of country: _____

Owner	Joint Owner
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Financial Situation and Needs, Liquidity Considerations, and Tax Status

Please estimate your...

	Annual Income ¹ (from all sources)		Net Worth ² (excluding residence)		Liquid Net Worth ³	
	Owner	Joint Owner	Owner	Joint Owner	Owner	Joint Owner
Less than \$25,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 25,000 49,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 50,000 74,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 75,000 99,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 100,000 ... 149,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 150,000 ... 199,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 200,000 ... 299,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 300,000 ... 399,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 400,000 ... 499,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 500,000 ... 749,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 750,000 ... 999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$1,000,000 . 1,499,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$1,500,000 and over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tax Rate (highest marginal)		
	Owner	Joint Owner
0-15%	<input type="checkbox"/>	<input type="checkbox"/>
16-25%	<input type="checkbox"/>	<input type="checkbox"/>
26-30%	<input type="checkbox"/>	<input type="checkbox"/>
31-35%	<input type="checkbox"/>	<input type="checkbox"/>
Over 35%	<input type="checkbox"/>	<input type="checkbox"/>

	Annual Expenses ⁴ (recurring)		Special Expenses ⁵ (future, non-recurring)	
	Owner	Joint Owner	Owner	Joint Owner
Zero/none	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Less than \$50,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 50,000 99,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 100,000 ... 249,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 250,000 ... 499,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 500,000 and over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Timeframe for Special Expenses		
	Owner	Joint Owner
Within 2 years	<input type="checkbox"/>	<input type="checkbox"/>
3-5 years	<input type="checkbox"/>	<input type="checkbox"/>
6-10 years	<input type="checkbox"/>	<input type="checkbox"/>

¹ **Annual income** includes income from sources such as employment, alimony, social security, investment income, etc.

² **Net worth** is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.

³ **Liquid net worth** is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

⁴ **Annual expenses** might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.

⁵ **Special expenses** might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

Suitability Information (continued)Please
estimate your...**Liquidity Needs**

The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one):

Owner **Joint
Owner**

Very important	<input type="checkbox"/>	<input type="checkbox"/>
Important	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat important	<input type="checkbox"/>	<input type="checkbox"/>
Not important	<input type="checkbox"/>	<input type="checkbox"/>

Product Knowledge and Experience

Please check the boxes that best describe your investment experience to date.

	Investments in Years				Transactions per year (excluding systematic investments)		
	0	1-5	6-10	10+	0-5	6-15	Over 15
1. Individual Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individual Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Mutual funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Unit investment trusts (UITs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Securities futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Structured products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Real estate investment trusts (REITs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Limited Partnerships*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other alternative investments**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Number of policies		
12. Fixed annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Variable annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Variable universal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* May include direct participation programs and private placements

** May include hedge funds, managed futures, and business development company, etc.

Existing Assets

Provide total value of existing assets and percentages for each type of asset. Total value of existing assets: \$ _____

Total of all percentages must equal 100%.

_____% 1. Individual Stocks	_____% 7. Structured products	_____% 13. Certificates of deposit
_____% 2. Individual Bonds	_____% 8. Real estate investment trusts (REITs)	_____% 14. Fixed annuities
_____% 3. Mutual funds	_____% 9. Limited Partnerships	_____% 15. Variable annuities
_____% 4. Unit investment trusts (UITs)	_____% 10. Other alternative investments	_____% 16. Variable universal life
_____% 5. Options	_____% 11. Insurance	_____% 17. Other: _____
_____% 6. Securities futures	_____% 12. Cash	Explain

Investment Risk Tolerance

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment.

Please select the degree of risk you (and any Joint Owner, if applicable) are willing to take with the assets in this account.

- ☐ **Conservative.** I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
- ☐ **Moderately Conservative.** I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.
- ☐ **Moderate.** I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.
- ☐ **Moderately Aggressive.** I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested.
- ☐ **Aggressive.** I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.

Suitability Information (continued)**Investment Objectives, Purpose and Time Horizon**

Please review the following statements about investment objectives, purpose and time horizon to help us determine which investment products and strategies are suitable for you.

If choosing more than one investment objective, please rank with "1" being the first objective

- ☐ **Safety of Principal.** You seek to maintain the principal value of your investments.
- ☐ **Tax Advantaged.** You seek to minimize and/or defer taxes on investment gains and income. Investors with a tax-advantaged objective may have secondary objectives such as growth or income which are pursued within a tax-advantaged account.
- ☐ **Income.** You seek to generate income from investments. Principal growth is not a primary goal to investors with an income objective.
- ☐ **Growth and Income.** You seek principal growth and generate income through your investments.
- ☐ **Growth.** You seek to grow the principal value of your investments over time.
- ☐ **Aggressive Growth.** You seek a significant increase in the principal value of your investments.

The investments in this account will be (check one) (excluding residence):

- ☐ Less than 1/3 of my financial portfolio
- ☐ Roughly 1/3 to 2/3 of my financial portfolio
- ☐ More than 2/3 of my financial portfolio

I plan to use this account for the following (check all that apply):

- ☐ Save for education
- ☐ Save for retirement
- ☐ Save for short-term goals
- ☐ Generate income
- ☐ Accumulate wealth
- ☐ Preserve wealth
- ☐ Market speculation
- ☐ Other: _____

The expected period of time I plan to invest to achieve my financial goal(s) (check one):

- ☐ Under 1 year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ Over 20 years

13. For your protection, please read the following notice:

Other than in those states listed below, we are required to warn you of the following: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

NOTE FOR COLORADO RESIDENTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTE FOR DISTRICT OF COLUMBIA, MARYLAND AND RHODE ISLAND RESIDENTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTE FOR GEORGIA, KANSAS, NEBRASKA AND TEXAS RESIDENTS: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

NOTE FOR MAINE AND WASHINGTON RESIDENTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTE FOR NEW JERSEY RESIDENTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTE FOR NEW MEXICO RESIDENTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE, IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTE FOR OKLAHOMA RESIDENTS: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment.

NOTE FOR PENNSYLVANIA RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTE FOR VERMONT RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

14. Substitute W-9 Certification

I certify under penalty of perjury that: 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2) I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding.

You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

15. Acknowledgment

- a. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained above are full, complete, and true.
- b. The Annuity Date is the later of five policy years or age 85 unless otherwise requested.
- c. I (We) have been given a current Prospectus for this variable annuity which explains insurance-related charges.
- d. I (We) acknowledge that I (we) have received a current copy of an AIC disclosure booklet as applicable, which contains the Pre-Dispute Arbitration Agreement, Privacy Notice and various other disclosure documents.
- e. I (We) acknowledge that I (we) have received the asset allocation brochure, if applicable.
- f. If you are purchasing this policy for use in a tax-qualified plan, please acknowledge the following: I have been informed and understand that a tax-deferred accrual feature is provided through my tax-qualified plan and this annuity does not provide any additional tax-deferral benefit. In addition, I am also acknowledging that I am purchasing this annuity policy for use in a tax-qualified plan because of its features and/or benefits other than tax-deferral (such as the lifetime income option, available death benefit and/or maximum guarantee fees).
☐ Check here if you wish to receive a copy of the Statement of Additional Information.
- g. **I (We) understand that policy values may increase or decrease according to the investment experience of the Separate Account and that the dollar amounts are not guaranteed. I (We) believe this policy is appropriate to meet my investment objectives and anticipated financial needs.**

Dated at _____ City _____ State _____ On this Date _____

X _____
Signature of Owner

X _____
Signature of Joint Owner (if applicable)

X _____
Signature of Annuitant if other than Owner

X _____
Signature of Joint Annuitant if other than Joint Owner (if applicable)

Title of Officer or Trustee

Title of Officer or Trustee

16. Agent/Registered Representative Statement Complete only if you are a registered representative of a broker/dealer.**Policy Delivery.** Send to: ☐ Owner ☐ Agent/Registered Representative *If not completed, policy will be mailed to Owner.*

a. Does the Owner (Applicant) have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
 If yes, submit with this application a completed Replacement Notice, signed by both you and the Owner (Applicant),
 if required by State Law.

b. Do you have any knowledge or reason to believe that replacement of existing life insurance policies
 or annuity contracts may be involved? ☐ Yes ☐ No

c. Did you see the Owner (Applicant) at the time of application completion? ☐ Yes ☐ No

If yes, you must positively identify the Owner with an unexpired government-issued picture form of identification (ID). Examples of acceptable forms are: Driver's License, Passport, Military ID, Green Card. You must provide the following information:

Form of ID used for **Owner** ID # Expiration Date

Form of ID used for **Joint Owner** (if applicable) ID # Expiration Date

If no, you must submit a copy of an unexpired government-issued picture form of ID with this application.

What was or will be the source of funds used to apply for the policy?

☐ Checking Account ☐ Savings Account ☐ Proceeds from Investments ☐ Inheritance ☐ Other _____

I certify that the information provided by the Owner has been accurately recorded.

X

Signature of Agent/Registered Representative Date

Name of Agent/Registered Representative (please print) Agent/RR Code

Agency or Broker/Dealer (please print)

X

Supervisory Principal Signature Date

Clearing Firm / Brokerage Account #

SERFF Tracking Number: AMFA-128441880 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number:
Company Tracking Number: GLWBRVA
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: GLWB Rider for Variable Annuities
Project Name/Number: GLWB Rider for Variable Annuities/GLWB Rider for Variable Annuities

Supporting Document Schedules

	Item Status:	Status Date:
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Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR Readability Certification-061212.pdf

	Item Status:	Status Date:
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Bypassed - Item: Application

Bypass Reason: Application forms are included in this filing.

Comments:

	Item Status:	Status Date:
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Satisfied - Item: Life & Annuity - Acturial Memo

Comments:

Attachment:

GLWBRVA 3-12-Actuarial Memo.pdf

	Item Status:	Status Date:
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Satisfied - Item: Reserve Addendum

Comments:

Attachment:

GLWBRVA 3-12-Reserve Addendum.pdf

	Item Status:	Status Date:
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Satisfied - Item: Hedging Strategy

Comments:

Attachment:

SERFF Tracking Number: AMFA-128441880 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number:
Company Tracking Number: GLWBRVA
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: GLWB Rider for Variable Annuities
Project Name/Number: GLWB Rider for Variable Annuities/GLWB Rider for Variable Annuities
GLWBRVA 3-12-Hedging Strategy.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attachments:

SOV-GLWBRVA 3-12.pdf

SOV-Applications.pdf

STATE OF ARKANSAS

CERTIFICATION OF READABILITY

INSURER: Ameritas Life Insurance Corp.

Ameritas Life Insurance Corp. hereby certifies that this filing achieves a Flesch Reading Ease Test Score as stated below:

Form Number	Form Title	Flesch Score
GLWBRVA 3-12	Guaranteed Lifetime Withdrawal Benefit Rider	Exempt
GLWBRVA-AP 3-12	Schedule Page for GLWB	Exempt
GLWBRVA-WP 3-12	Schedule Page for GLWB	Exempt
GLWBRVA-GM	Schedule Page for GLWB	Exempt
UVA 5-12	Application for Flexible Premium Deferred Variable Annuity	Exempt
NLVA 5-12	Application for Flexible Premium Deferred Variable Annuity	Exempt



SIGNATURE:

NAME & TITLE:

Robert G. Lange
Vice President, General Counsel & Assistant Secretary

DATE:

June 12, 2012

**Ameritas Life Insurance Corp.
Lincoln, Nebraska**

**RESERVE ADDENDUM TO STATEMENT OF METHOD
Guaranteed Lifetime Withdrawal Benefit Rider
Form No.: GLWBRVA 3-12**

PURPOSE

Guaranteed lifetime withdrawal benefits (GLWB) on variable annuity contract forms require the company to calculate and to hold additional reserves. This Reserve Addendum to the previously filed addendum to the Statements of Method originally filed in conjunction with the approved variable annuity contract forms addresses this issue.

CALCULATION OF GLWB RESERVES

Currently, reserves for the GLWB will be determined and established according to Actuarial Guideline XLIII (AG 43), "CARVM for Variable Annuities". The reserve component for the GLWB is part of the aggregate VACARVM reserve required under AG 43.

AG 43 specifically states, "The Guideline requires that reserves for contracts falling within its scope be based on a minimum floor determined using a standard scenario (referred to as the Standard Scenario Amount) plus the excess over this minimum floor, if any, of a reserve calculated using a projection of the assets and estimated liabilities supporting these contracts over a broad range of stochastically generated projection scenarios and using prudent estimate assumptions (referred to as the Conditional Tail Expectation Amount). Within each of these scenarios, the greatest of the present values of accumulated losses ignoring Federal Income Tax is determined. The assumed fund performance for these scenarios must meet the mandated calibration standards contained in the Guideline. The reserve calculated using projections is based on a Conditional Tail Expectation measure of the results for each scenario."


An annual VACARVM certification is made that the work performed is done in a way that substantially complies with all applicable Actuarial Standards of Practice and that the assumptions used in the calculations are Prudent Estimate assumptions for the products, scenarios and purpose being tested. An annual memorandum is also produced that details the methodology and assumptions used in the calculations.

ASSET ADEQUACY & REPORTING

AG 43 includes an approach that applies principles of asset adequacy analysis directly to the risks associated with the variable annuity products and guarantees. No less frequently than annually, I will analyze the adequacy of the variable annuity reserves which include the GLWB rider. If such analysis reveals a shortfall, the total VA reserves will be increased.

EFFECT OF REINSURANCE

If the company reinsures all or a portion of the GLWB risk either separately, or in conjunction with reinsurance covering enhanced variable annuity death benefits or any other reinsurable risk, both the reserve calculation and asset adequacy analysis will include appropriate adjustments to accurately reflect the impact of the reinsurance, including those instances where reinsurance would increase the GLWB reserve.

A handwritten signature in cursive script that reads "Linda A. Whitmire".

Linda A. Whitmire, FSA, MAAA
Vice President and Financial Actuary
Ameritas Life Insurance Corp.

May 30, 2012

HEDGING STRATEGY MEMORANDUM
Guaranteed Lifetime Withdrawal Benefit Rider
Form No. GLWBRVA 3-12

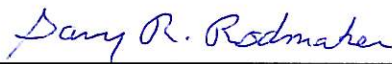
Ameritas Life Insurance Corp.

DESCRIPTION OF HEDGING STRATEGY

As part of its comprehensive risk management program associated with the Guaranteed Lifetime Withdrawal Benefit ("GLWB"), the company intends to economically hedge the market risk embedded in the contractual liabilities. The hedging strategy will primarily focus on mitigating the equity market risk ("Delta") and interest rate risk ("Rho") associated with the GLWB rider. Delta risk will be mitigated primarily by utilizing equity index futures and options on the appropriate equity indexes. Rho risk will be mitigated primarily by utilizing futures, swaps and swaptions. Risks related to changes in volatility ("Vega") will not be systematically hedged. Rather, Vega will be opportunistically hedged primarily by utilizing futures, options and swaps. The hedging strategy will be constantly monitored and adjusted as market values and/or policy owner behavior dictates.

Execution of the strategy will be based upon modeling of the contractual liabilities. Execution of trades for the hedging strategy will be determined by evaluating market exposures revealed by the liability modeling versus the performance of the available hedging instruments (options, futures, swaps and swaptions). The recommended trades will be evaluated by the company's affiliated in-house investment advisor, Summit Investment Advisors, Inc. ("Summit"); Summit will execute the final trades. Summit has extensive experience using options, futures and swaps to hedge market risks. Summit has used these instruments to hedge the equity risk of Indexed Life and Annuity products, index mutual funds, and to hedge interest rate risk associated with its commercial mortgage funding business.

Submitted on behalf of Ameritas Life Insurance Corp by:



Gary R. Rodmaker, CFA
Managing Director – Derivatives, MBS, and High Yield
Summit Investment Advisors

I, Gary R. Rodmaker, am Managing Director – Derivatives, MBS and High Yield for Summit Investment Advisors, an affiliate of Ameritas Life Insurance Corp.

Date: 5/21/12

AMERITAS LIFE INSURANCE CORP.

STATEMENT OF VARIABILITY

GLWBRVA 3-12 - Guaranteed Lifetime Withdrawal Benefit Rider
GLWBRVA-AP 3-12 - Policy Schedule for GLWB – Accumulation Phase
GLWBRVA-WP 3-12 - Policy Schedule for GLWB – Withdrawal Phase
GLWBRVA-GM - Policy Schedule for GLWB – GLWB Models

The following information has been bracketed to allow for future changes. Ranges for these fields are provided as applicable.

GLWBRVA 3-12 – The following is bracketed on the rider. These items have been bracketed in the event they change in the future.

1. Officers Names and Titles

GLWBRVA-AP 3-12 – This policy schedule page will produce at issue during the Accumulation Phase.

1. Accumulation Phase – Single Life or Joint Spousal

2. Rider Charge

- a) Current – deducted on the policy date and on each subsequent month
 - Single Life – 0.0208% to 0.1666% of the Rider Charge Base, equivalent to an annual rate ranging from 0.25% to 2.00%
 - Joint Spousal – 0.0208% to 0.2083% of the Rider Charge Base, equivalent to an annual rate ranging from 0.25% to 2.50%
- b) Maximum – deducted on the policy date and on each subsequent month
 - Single Life – 0.1666%, equivalent to an annual rate of 2.00%
 - Joint Spousal – 0.2083%, equivalent to an annual rate of 2.50%

3. Premium Accumulation Rate

- a) 2.00% to 10.00% for the Rider Year if no withdrawal is taken
- b) 0.00% to 10.00% for the Rider Year in which a withdrawal is taken

4. Premium Accumulation Period – 5 years to 20 years

5. Lifetime Distribution Factor – 2.00% to 10.00% for any age bracket

6. Withdrawal Phase Premium Payment Limit – \$0 to \$100,000

GLWBRVA-WP 3-12 – This policy schedule page will produce when the covered person has chosen to move from the Accumulation Phase to the Withdrawal Phase.

1. Withdrawal Phase – Single Life or Joint Spousal
2. Rider Charge – deducted on the policy date and on each subsequent month
 - a) Single Life – 0.0208% to 0.1666% of the Rider Charge Base, equivalent to an annual rate ranging from 0.25% to 2.00%
 - b) Joint Spousal – 0.0208% to 0.2083% of the Rider Charge Base, equivalent to an annual rate ranging from 0.25% to 2.50%
3. Lifetime Distribution Factor – 2.00% to 10.00%
4. Withdrawal Phase Premium Payment Limit – \$0 to \$100,000

GLWBRVA-GM – This policy schedule page will produce at issue when the GLWB rider is selected.

1. GLWB Models – allows for periodic addition, removal or renaming of a model

AMERITAS LIFE INSURANCE CORP.

STATEMENT OF VARIABILITY

UVA 5-12
NLVA 5-12

Application for Flexible Premium Deferred Variable Annuity
Application for Flexible Premium Deferred Variable Annuity

The following information has been bracketed to allow for future changes.

UVA 5-12

1. General Company Information (page 1)
 - a) Client Service Office Address
 - b) Client Service Office Phone and Fax Numbers
2. Section 9 (page 4): Allocation – allows for periodic funds changes.
 - a) GLWB Models
 - b) Investment Level Asset Allocation Models
 - c) Individual Investment Options

NLVA 5-12

1. General Company Information (page 1)
 - a) Client Service Office Address
 - b) Client Service Office Phone and Fax Numbers
2. Section 8 (pages 2-3): Allocation – allows for periodic funds changes.
 - a) GLWB Models
 - b) Investment Level Asset Allocation Models
 - c) Individual Investment Options